

## CITY OF MILWAUKEE CONTRACTORS TIME REPORT

Contractor \_\_\_\_\_  
Sub-Contractor \_\_\_\_\_  
Work Location \_\_\_\_\_

Contract No. C \_\_\_\_\_  
Period Starting \_\_\_\_\_  
Period Ending \_\_\_\_\_

**Complete and return to Rm. 506, Dept. of Public Works within 10 days following the completion of work on a contract, or every three months, whichever occurs first.**

[illegible]

**\*Exclude Welfare, Vacation, Pension Fund and Other Contributions unless they are paid as wages.**

State of Wisconsin ) ss.  
County of Milwaukee )

This is to certify that each and every employee was employed by me during the above period on the contract covered by this report as listed above and has been paid in full without rebate the amounts indicated, and that we have conformed with the requirements of the applicable Prevailing Wage Scale.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D.

Company Officer's Signature

My commission Expires\_\_\_\_\_

Notary Public Milwaukee County

Type or Print Officer's Name &amp; Title